



10/656852
ifw

Dear Examiner
Alvin Chin Shue

Dear Alvin

Hope this application does the trick.

Thank you for your patience in this matter .

I am sending my birth certifiacate with the application as
proof of my birth . I am certinally getting old .

PS Thanks again for your patience.

Sincerely yours
Allen W Fletcher

BOARD OF HEALTH OF MISSOURI
Division of Vital Statistics

DELAYED OR SPECIAL
CERTIFICATE OF BIRTH

No.

2-1886

Birth *Allen Herbert Fletcher*

Date of birth *Dec*

Sex *White* Sex *male* Birthplace *Kennett City*

Worth *Missouri*

Full name *Herbert Earl Fletcher*

Birthplace *Missouri*

Mother name *Matilda Evaline Sowards*

Birthplace *Missouri*

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible)

Signature *Allen Herbert Fletcher* Relationship to registrant *Self*

Address *Kennett City Missouri*

Subscribed and sworn to before me on *May 9 1948*

Notary Public *Geo B. Allen*

For State of *Mo*

County of *Worth*

Do Not Write Below This Line

ABSTRACT OF SUPPORTING EVIDENCE

Do Not Write Below This Line

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)

Date of birth of child as recorded on this document

Baptismal Record, 1948, by Rev. J. H. Smith, Pastor, Kennett City, Mo. School Record, 1948, by Mrs. M. E. Sowards, Mother, Kennett City, Mo. Supporting affidavit by Mother, Matilda E. Fletcher, May 9, 1948, Kennett City, Mo.

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
<i>Dec 29, 1926</i>	<i>Kennett City, Mo</i>	<i>Herbert E. Fletcher</i>	<i>Matilda Evaline Sowards</i>
<i>Dec 29, 1926</i>	<i>Kennett City, Mo</i>		
<i>Dec 29, 1926</i>	<i>Kennett City, Mo</i>		

Additional information:

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the evidence recorded above and that the information contained therein is as near as possible correct.

Signature of Reviewing Official

Charles L. Shott

Date filed in State Board of Health

JUN 21 1948



STATE OF MISSOURI
CITY OF JEFFERSON

I HEREBY CERTIFY that the above is a true and correct copy of the original as filed in the Central Bureau of Vital Statistics of the State of Missouri.

WITNESS my hand and seal this *22* day of *June* 1948.

James H. Johnson
State Registrar

John J. Johnson
Deputy State Registrar